

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026301

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

53
FILED AUG 13 1962

Primary Registration District No.

0000

Registrar's No.

342

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hubble Township		Length of stay in 1b 4 Hours	c. CITY OR TOWN Cape Girardeau Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL-NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION # 25 3 mi. S. Dutchtown on HiWay		d. STREET ADDRESS (If outside, give location) 725 S. Ranney	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Angelee Middle Jeanette Last Eagan		4. DATE OF DEATH Month August Day 5 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-17-1940
9. AGE (last birthday) 22		IF UNDER 1 YEAR Months 22 Days 22 Hours 22 Min. 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo., U. S. A.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME George Goode		13b. MOTHER'S MAIDEN NAME Geneva O. Gilles	
14. NAME OF HUSBAND OR WIFE Chas. D. Eagan		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give way or dates of serv) NO	
16. SOCIAL SECURITY NO. XXXXX		17. INFORMANT Chas. Eagan Cape Gir., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Skull Fracture Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Brain Concussion DUE TO (c) Immediate		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Broken L. Ankle, broken nose, broken L. jaw, deep cuts at L. eye		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE Accident	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) In car that ran under truck bed & deceased		20c. TIME OF INJURY Hour 1:00 a.m. 8-5-1962 Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HiWay # 25, S. Dutchtown, Mo.	
20f. CITY, TOWN, OR LOCATION Cape Gir., Mo.		20g. COUNTY Cape Gir., Mo.	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 1:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Walter J. Ford (Degree or title) Coroner	
22b. ADDRESS Cape Girardeau, Mo.		22c. DATE SIGNED 8-8-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-6-1962	
23c. NAME OF CEMETERY OR CREMATORY McLains Chapel Cemetery		23d. LOCATION (City, town, or county) (State) Indian Creek, Mo.	
24. FUNERAL DIRECTOR Ford & Sons Cape Girardeau, Mo.		25. DATE REC'D. BY LOCAL REG. 8-8-1962	
26. REGISTRAR'S SIGNATURE James Kasten			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.